Environ Health Perspect
DOI: 10.1289/ehp.1510101

Supplemental Material

A Birth Cohort Study of Maternal and Infant Serum PCB-153 and DDE Concentrations and Responses to Infant Tuberculosis Vaccination

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Figure S2: Unadjusted dose–response relation between quartiles of cord serum PCB and DDE concentrations and mean 6-month BCG-specific IgG (Panels A and B) and IgA (Panels C and D) levels, across the serum dilution range.

Figure S3: Unadjusted dose–response relation between quartiles of 6-month infant serum PCB and DDE concentrations and mean 6-month BCG-specific IgG (Panels A and B) and IgA (Panels C and D) levels, across the serum dilution range.

Figure S4: The results from six sensitivity analyses showing the percent change in 6-month BCG-specific IgG level for an interquartile range difference in 6-month infant serum PCB and DDE exposure. The primary model includes adjustment for maternal ethnicity, education, and age, with 6-month PCB and DDE concentration expressed on a lipid basis. The first model is identical to the primary model except that PCB and DDE concentrations are expressed on a ng/ml basis, and 6-month infant lipid concentration is entered as a covariate. The second model adds covariates maternal smoking, parity, district of residence, child sex, and child age at 6-month blood draw. The third model adds a categorical variable for BCG ELISA batch date to the primary model. The fourth model adds an indicator variable to the primary model for high-resolution gas chromatography with electron capture detection versus high-resolution mass spectrometry. The fifth model removes the top and bottom 3% of the respective 6-month infant serum PCB or DDE concentrations. The final sensitivity analysis combines all the previous sensitivity model specifications.